

61 AF
2624

Corres. and Mail
BOX AF

In re Application of:

Docket No. 00862.021843

KAZUTAKA MATSUEDA

Application No.: 09/512,358

Examiner: T.L. Pham

Filed: February 24, 2000

TC/Art Unit: 2624

For: PRINTER SERVER APPARATUS, INFORMATION
PROCESSING APPARATUS AS CLIENT, PRINT
MANAGING METHOD FOR THESE APPARATUSES,
AND STORAGE MEDIUM

Date: July 15, 2004

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

JUL 21 2004

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 30 | MINUS | ** 30 | = 0 | x \$9 \$18 | 0 |
| INDEP. CLAIMS | * 12 | MINUS | *** 12 | = 0 | x \$43 \$86 | 0 |
| Fee for Multiple Dependent claims \$145°/\$290 | | | | | | 0 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | 0 |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

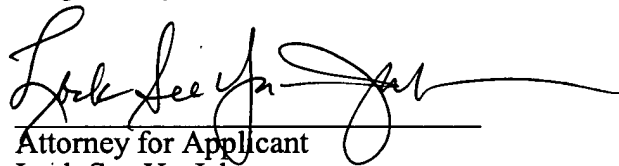
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Lock See Yu-Jahnes
Registration No. 38,667

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

Form #120

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